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Submitting Claim Documents to the State Fund

Attention: All Providers in all locations.

This article pertains only to State Fund claims.

Contact: Thomas Thomas, Support Services

360-902-5823

Please include the claim number in the upper right hand corner of each page of each piece of correspondence you submit. If you do not have the claim number, put the worker's social security number in this spot. This will assure that the information you submit will be routed to the correct worker's file.

Did you know that the type of paper you use when submitting your reports can cause significant delays in claim management and paying your bills? To avoid delays, please use plain white, 8.5" x 11" paper to submit all documents to the State Fund.

The State Fund uses an imaging system to store electronic copies of all documents submitted on injured workers' claims. This system cannot read some types of paper, and has difficulty handling other types passing through automated machinery. If you submit your documentation on any of the following types, formats, or sizes of paper, your information may not be legible in our system or may require manual handling or re-processing. This may cause claim managers to re-request information you've already submitted.

To reduce your practice headaches, please do not send the State Fund any of the following:

- ◆ **Legal length forms**
- ◆ **Double-sided correspondence**
- ◆ **Irregular sized strips of chart notes.** Copy all of the chart notes submitted for each worker on 8.5" x 11" sheets
- ◆ **Documents smaller than 3x5"**
- ◆ Documents with **highlighter markings** (as they can black out info, not show up at all, or be difficult to read). We recommend asterisks or underlining to emphasize text.
- ◆ **Colored paper**, particularly of "hot" or intense colors, pink being among the worst;
- ◆ **Thick, or textured paper.**
- ◆ **Paper with shaded areas.**
- ◆ **Carbonless paper.**



Hearing Aids

Attention: Audiologists and Fitters Dispensers in all locations:

This article pertains to all State Fund and Self-Insured Claims

Contact: Evonne Peryea, Health Services Analysis
Pery235@lni.wa.gov

360-902-6828

All hearing aid devices provided to injured workers must meet or exceed all Food and Drug Administration (FDA) standards. All providers and manufacturers who make hearing aids that are provided to injured workers must meet all federal requirements and hold a valid FDA manufacturer's certificate.

Documentation must be maintained in the patient record regarding why the hearing aid is not repairable. The information must contain: who inspected the hearing aid, the date of the inspection, and their observations and information on why the device can not be fixed. Only licensed Audiologists, licensed Fitters Dispensers, and FDA certified manufacturer's can make final determinations on the non-reparability of any given hearing aid device or part of a device. This information must be made available to the department's claim manager and the department's auditors for review, when requested.

To better serve you and to direct your questions appropriately please note the following numbers:

Provider Hot Line

1-800-848-0811
From Olympia 902-6500

The Provider Toll Free-Line can help you with your:

- ◆ **Billing** & remittance advice questions,
- ◆ **Provider Bulletin, WAC, and RCW** clarification
- ◆ **Authorization** of hearing related services,

- ◆ **Claim status** questions, and
- ◆ **Verification** of claim diagnosis and procedure codes.

Please be prepared with the worker's claim number and the performing provider's L&I provider account number, so the Hotline may better serve you.

IVR (Interactive Voice Response) System

1-800-831-5227

Providers can obtain the following **claim information** using this line:

- ◆ Claim manager's name and phone number
- ◆ Pending bill information
- ◆ Claim status information
- ◆ Allowed/denied diagnosis codes
- ◆ Allowed/denied procedure codes
- ◆ Drug restrictions

Both the claim number and your provider account number will be required to access this information.

Injured workers can obtain the following information using this line:

- ◆ Claim manager's name and phone number
- ◆ Time loss compensation rate
- ◆ Most recent time loss payment
- ◆ Attending physician of record
- ◆ Most recent travel or claimant reimbursement paid
- ◆ Claim status information
- ◆ Protest status

Both the worker's claim number and Social Security Number (SSN) are required to access this information.

Injured Worker Hotline

1-800-LISTENS or 1-800-547-8367

Workers can access this line to help them:

- ◆ Obtain information regarding their claim
- ◆ Obtain help in resolving time loss issues

The worker's claim number and SSN are required in order to access this information.

Independent Medical Examination Required Report Contents

Attention: All Approved Examiners in all locations

This article applies to State Fund and Self Insured claims.

Contact: Carol Britton, IME Program Manager
Brit235@lni.wa.gov

360-902-6818

A reminder: There is a new “Required Content of IME Reports” published on pages 13-17 of the *Medical Examiners Handbook* (September 1998) that independent medical examiners and panels must follow.

If you need a copy of this publication, call:

1-800-848-0811



Personal Appliances

Attention: Doctors, Clinics, and Durable Medical Equipment providers in all locations

This article applies to both State Fund and Self-Insured claims.

Contact: Provider Toll Free Line

1-800-848-0811

The rules do not allow payment for Sacro-Ease seats, as they fall into the category of personal appliances. WAC 296-20-1102 prohibits the State Fund and Self-Insured employers from purchasing this item.

However, SacroEase seats may be purchased as a job modification or a pre-job accommodation when both of the following criteria apply:

- 1) The purchase and use of this device enhances the worker’s employability; that is, without it the worker may not be able to work: **and**
- 2) The device is something the employer is not already supplying to his or her employees.

Plantar Fasciitis

Attention: All Doctors in all Locations

This article applies to both State Fund and Self Insured Claims

**Contact: Lee Glass, MD, Associate Medical Director for Claims via
Sue McGee, RN, Occupational Nurse Consultant, 360-902-5574
mcge235@lni.wa.gov**

We recognize that identifying a specific cause for a particular condition can, at times, be very difficult. The purpose of this article is to give providers additional information about the possible causal relationship between workplace injuries or exposures and the development of plantar fasciitis.

Nothing in this article should be construed as an interpretation of the Department of Labor and Industries' Medical Aid Rules or department policies, nor as an instruction as to how those rules and policies are applied. These issues, and others – such as whether a claim should be allowed for this condition or re-opened – are claims adjudication issues, and are beyond the scope of this educational update.

Definition: Plantar fasciitis is an inflammation of the plantar fascial attachment to the anterior processes of the heel bone. The term “heel spurs” has been used in the past; however, such spurs may or may not be present in plantar fasciitis. It is a common condition that has been reported to occur in over one-half of humans at some time during their life. It is usually a self-limiting condition lasting several months and is subject to re-occurrence.

Anatomy: The plantar fascia is a broad, fibrous tissue or ligament that extends from the heel bone (calcaneous) to the toes (metatarsals). The purpose of the plantar fascia is to support the arch and stabilize it during normal weight bearing.

An over-stretching of the plantar fascia can cause microscopic tears and inflammation at or near the calcaneous. When walking, the calcaneous acts like a lever in the transfer of force from the Achilles tendon to the forefoot, making the attachment site of the plantar fascia a frequent source of stress/inflammation.

Symptoms: Plantar fasciitis often presents as a dull, deep, ache-like pain in the plantar surface of the heel. Other common symptoms include:

- Burning sensations;
- Pain in the morning when one first gets out of bed;
- Pain and stiffness when one starts to walk after sitting;
- Increasing pain in the heel or arch towards the end of the day;
- Tired feet at the end of the day.

Causes: Cause of plantar fasciitis may include:

- Infection
- Arthritis (gout)

- Systemic disorders
- Nerve entrapment
- Deconditioning
- A sudden increase in physical activity (gardening, golf, exercise)
- Excess weight or a recent weight gain (pregnancy)
- Poor biomechanics (flat feet, high arches or unnatural gait)
- Failure of a previous surgery
- Athletics or trauma to the area

Work relatedness:

Plantar fasciitis *may* be a work-related condition in the following circumstances:

1. Acute onset following direct trauma to the heel.
2. Acute strain to the plantar fascia such as in jumping from high objects or falls (i.e. landing on the rung of a ladder).
3. Acute onset following high stress such as running long distances or unusual rapid walking as in a “forced march”.

Non-work related:

Medically, plantar fasciitis is *unlikely* to be a work-related condition/occupational disease when caused by following circumstances:

1. Specific walking surfaces (cement floors).
2. Long periods of standing or walking.
3. Shoe wear.
4. Repetitive foot motion.

There is no acceptable documentation in peer-reviewed literature that any of these four conditions play a role in the onset of plantar fasciitis.

Treatment:

Treatment of plantar fasciitis includes:

- Orthotics (pads)
- Heel cord stretching exercises
- Anti-inflammatory medication
- Activity modification
- Night splinting
- Steroid injection to the site
- Surgery

Surgical treatment is usually reserved for cases not responsive to the more conservative treatments listed above. Arthroscopic release of the plantar fascia at this time is considered a developmental procedure.

References:

1. "The Diagnosis and Management of Plantar Fasciitis"; Nurse Practitioner; 21(4):50-4/April 1996.
2. "A Review of Subcalcaneal Heel Pain and Plantar Fasciitis"; Australian Family Physician; 25(6):875-81 June 1996.
3. "Plantar Fasciitis"; Lutter, LD; The Medical Journal of Allina; Vol.6/No. 2/Spring 1997.
4. "Plantar Fasciitis"; Jaivin, JS; Southern California Orthopedic Institute; ([http://www. Scoi.com/plantar.htm](http://www.Scoi.com/plantar.htm))
5. The Merck Manual; Sixteenth Edition; 1992.
6. "Plantar Fasciitis - A Pain in the heel may hit employers in the wallet"; Issues of Injury™, Medical Consultants Network, Inc.; Vol. 11, No. 2, 1997.



Prescriptions: Point of Service Project

Attention: All Physicians and Pharmacists in all locations.

This article applies only to State Fund claims.

Contact: **Tom Davis, Point of Sale Manager**
 Dato235@lni.wa.gov

360-902-6687

The State Fund implemented its pharmacy on-line point-of-service billing system on September 27, 1999. As part of this implementation, pharmacies must include the prescriber's **valid** L&I provider number on all bills submitted on-line.

Prescribers: Please put your **valid** L&I number on all prescriptions for injured workers to reduce the risk of inconveniencing your patients.

Pharmacists: Please put a **valid** prescriber L&I ID number on all prescription bills so the department can process them.

No grace period exists for on-line bills.

However, the department is allowing a grace period for prescription bills submitted in other formats. Prescription bills submitted on paper or by EMC or Tape formats will be processed without the prescriber ID until November 30, 1999.

Effective December 1, 1999 – All prescription bills without a valid L&I prescriber ID number will be denied.

Provider Online Services

Attention: All Providers in all locations

This article pertains primarily to State Fund claims.

Contact: Joanne McDaniel, Provider Communication Coordinator 360-902-6817
Mdan235@lni.wa.gov

The department maintains Internet sites designed with providers' needs in mind. Please use the following pages to access necessary information quickly and efficiently:

<http://www.wa.gov/lni/hsa/> to obtain:

- ◆ Employment and Contracting opportunities
- ◆ Improvement Project information on the:
 - Outpatient Prospective Payment System,
 - Medical Reimbursement Methods Evaluation,
 - Occupational Health Services, and
 - Vocational Purchasing Improvement projects.
- ◆ Provider Authorization Information, including access to diagnostic treatment guidelines and Washington state Industrial Insurance laws and rules
- ◆ Provider Bulletins and Provider Updates
- ◆ Provider Education opportunities
- ◆ Provider Payment Information, including warrant dates and forms
- ◆ Vocational Services Information -Provider Application forms
- ◆ W 9 Tax Reporting Forms

<http://www.wa.gov/lni/omd/> to obtain:

- ◆ What's New
- ◆ Chiropractic Health
- ◆ Publications
- ◆ Provider Education opportunities
- ◆ Research
- ◆ Treatment Guidelines
- ◆ Health Links



Surgery--Billing for Multiple Same-Day Services

Attention: Surgery Practitioners in all locations.

This article pertains only to State Fund claims.

Contact: Provider Toll Free Line 1-800-848-0811

The Washington State Fund's automated payment system cannot calculate reimbursement for multiple same-day surgery services for a worker if the services are submitted on more than one bill.

This is a reminder to submit all same day surgery charges for a worker on the same bill.

If you submit separate bills for the same date of service, one of the bills will be paid and the other will be denied with instructions to submit an adjustment to the paid bill, adding the unpaid line item charges.



Toll-Free Lines

Attention: All Providers in all locations.

This article pertains only to State Fund Claims.

Contact: Provider Hot Line

**1-800-848-0811
From Olympia 902-6500**

The Provider Hotline can help you with

- ◆ **Billing** & remittance advice questions
- ◆ **Provider Bulletin, WAC, & RCW clarification,**
- ◆ **Authorization** of: non-targeted outpatient diagnostics & surgeries, injections, prior authorization drugs, massage therapy, Durable Medical Equipment and supplies, TENS rental/purchase, consults, hearing related services, etc.
- ◆ **Claim status** questions, and
- ◆ **Verification** of claim diagnosis and procedure codes.

Please be prepared with the performing provider's L&I provider number and the worker's claim number, so the Provider Hotline may better serve you.

IVR (Interactive Voice Response) System

1-800-831-5227

Providers can obtain the following **claim information** using this line:

- ◆ Claim manager's name/ phone number
- ◆ Claim Status information
- ◆ Allowed/denied Diagnosis codes
- ◆ Allowed/denied Procedure codes
- ◆ Drug restrictions
- ◆ Pending bill info

Your provider number and the worker's claim number are required in order to access this information.

Injured workers can obtain the following information using this line:

- ◆ Claim manager's name/phone number
- ◆ Time loss compensation rate
- ◆ Most recent time loss payment
- ◆ Attending physician of record
- ◆ Most recent Travel/Claimant reimbursement paid
- ◆ Claim status

- ◆ Protest status
- ◆ Status information

The worker's claim number and Social Security Number (SSN) are required to access this information.

Injured Worker Hotline

1-800-LISTENS or 1-800-547-8367

Workers can access this line to help them:

- ◆ Obtain information regarding their claim
- ◆ Obtain help in resolving time loss issues

The worker's claim number and Social Security Number (SSN) are required to access this information.



“Work Conditioning” and Work Hardening Services at the Department of Labor and Industries (L&I) in Washington State.

Attention: Physical and Occupational Therapists

Except as noted, this article applies to State Fund providers in Washington, Oregon and Idaho.

Contact: Karen Jost, MS, PT, Therapist Consultant Coordinator (360) 902-5622
josk235@lni.wa.gov

Claim managers and vocational and medical providers regularly ask questions regarding the difference between “Work Conditioning” and Work Hardening services. The purpose of this update is to distinguish between “Work Conditioning” and Work Hardening and to clarify the authorization of and reimbursement for these two services. This does not represent any change in department policies.

What is Work Hardening?

“Work Hardening is a highly structured goal-oriented, individualized treatment program designed to return a person to work. Work Hardening programs, which are interdisciplinary in nature, use real or simulated work activities designed to restore physical, behavioral, and vocational functions. Work hardening addresses the issues of productivity, safety, physical tolerances, and worker behaviors.”¹

The goal of Work Hardening is Return to Work

L&I established standards for work hardening in 1990. The criteria for admission into a Work Hardening program include a specific job goal, physical recovery sufficient to tolerate increasing activity, and less than two years since the date of injury. Refer to the table for more specific information about work hardening programs. Work hardening services may only be provided by approved work hardening providers.

What is “Work Conditioning”?

“Work Conditioning” is NOT formally recognized as a treatment program that is distinct from physical or occupational therapy by the State Fund.

“Work Conditioning is a work-related, intensive, goal-oriented treatment program specifically designed to restore an individual’s systemic, neuromusculoskeletal (strength, endurance, movement, flexibility, and motor control), and cardiopulmonary functions. The objective of the Work Conditioning program is to restore the client’s physical capacity and function so the client can return to work.”¹

Generally, “Work Conditioning” is utilized to bridge a gap between acute outpatient therapy and a structured work hardening program or return to work. Physical and occupational therapists, doctors and vocational counselors routinely request this service. “Work Conditioning” treatment may be provided to L&I claimants. L&I will authorize and reimburse the treatment, but only as outpatient occupational and physical therapy. Additional payment specifically for “work conditioning” above and beyond the limits for OT and PT will not be authorized.

How do providers obtain authorization for “Work Conditioning” and Work Hardening?

Providers requesting authorization for “Work Conditioning” or Work Hardening may contact the claim manager directly, or call the Provider Hotline at 800-848-0811. Therapy providers are reminded that treatment beyond the initial twelve treatments as outlined in chapters 296-21, 296-23 and 296-23A of the WAC requires authorization from the department or self-insurer (WAC 296-20-03001).

Send copies of reports and progress notes supporting your request to:

Labor and Industries

PO Box 44291

Olympia, WA 98504-4291

How should a provider bill for “Work Conditioning” and Work Hardening?

“Work Conditioning” services should be billed using the appropriate physical and occupational therapy billing codes (97001-97799). It should be noted that the CPT codes for work hardening/conditioning (97545-46) are not covered.

There is a fee schedule for Work Hardening services with local codes. A copy of the fee schedule is provided annually to approved Work Hardening providers.

How does L&I reimburse for “Work Conditioning” and Work Hardening?

Reimbursement for both services is subject to the limits that are established in the Medical Aid Rules and Fee Schedule. *State Fund claim managers cannot authorize the payment of services that exceed the reimbursement limits (WACs 296-23-220, 296-23-230, 296-21-290, and 296-23A-0220).*

Program Comparison – WA State

<i>Service</i>	<i>“Work Conditioning” (Outpatient PT/OT at L&I)</i>	<i>Work Hardening</i>
Dimensions:	Physical and functional.	Physical, functional, behavioral, and vocational.
Elements of service:	Utilizes physical conditioning and functional activities related to work. May or may not include education.	Utilizes real or simulated work activities with some physical conditioning as well as education.
Frequency and Duration:	<i>May be provided in multiple hour sessions up to:</i> <ul style="list-style-type: none"> • 4 hours/day ** • 5 days/week, and • duration of programs is subject to claim manager authorization 	Provided in multiple hour sessions: <ul style="list-style-type: none"> • Builds from 4 to 8 hours/day • 5 days/week, and • 4 weeks (2 week extension is possible if indicated and authorized in advance)
Prior Authorization?:	Yes, beyond the initial twelve treatments. The CPT code span is 97001-97799 (except 97545 and 97546).	Yes. The local code span is 1000M-1018M. Also requires prior approval by the attending physician.
**Reimbursement:	Paid as outpatient occupational and/or physical therapy; subject to the daily cap in WAC.	Paid according to the Work hardening fee schedule; paid only to approved providers.
Criteria for Admission:	<ul style="list-style-type: none"> • Participant should have a job goal. • Generally appropriate following acute therapy services (recovery from injury is sufficient to allow for increased activity levels). • May be provided in conjunction with a gradual return-to-work. 	<ul style="list-style-type: none"> • Participant must have a job goal or OJT program to enter upon completion of the program. A job analysis should be available to assist in program development. • Recovery must be sufficient to allow for increased activity levels and participation for a minimum of four hours, three to five days/week. • No more than 2 years past date of injury.

¹American Physical Therapy Association, “Guidelines for Programs for Injured Workers”, 1995.